

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000051351

1. Entity Name
CTR REAL ESTATE APPRAISAL & CONSULTING, INC.



Principal Place of Business
1980 SCHOPKE LESTER RD
APOPKA, FL 32712

Mailing Address
1980 SCHOPKE LESTER RD
APOPKA, FL 32712

2. Principal Place of Business
205 S. CENTRAL AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
APOPKA

FL

City & State

Zip
32703

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

MOUBERLEY, MICHAEL
1980 SCHOPKE LESTER RD
APOPKA, FL 32712

4. FEI Number
20-0862833

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Doublerley, Michael

Street Address (P.O. Box Number is Not Acceptable)

205 S. CENTRAL AVE

City

Apopka

FL Zip Code
32703

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DOUBERLEY, MICHAEL
1980 SCHOPKE LESTER RD
APOPKA, FL 32712

Delete

DIRECTOR
DOUBERLEY, MICHAEL
205 S. CENTRAL AVE
Apopka FL 32703

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

5/16/05 (407)325-9436
Date Daytime Phone #